



## Rental Application

Desired Date of Occupancy: \_\_\_\_\_ Apt#: \_\_\_\_\_ Rental Rate: \_\_\_\_\_

Referral Source (if any): \_\_\_\_\_

### PERSONAL INFORMATION

**Primary Applicant Name** (first, middle, last): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

SS #: \_\_\_\_\_

**Co-Applicant Name** (first, middle, last): \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

SS #: \_\_\_\_\_

### Other Occupants:

Name	Relationship to Applicant	Date of Birth

### RESIDENTIAL HISTORY

**Present Address:** \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Do you ☐ Rent ☐ Own

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## RESIDENTIAL HISTORY (continued)

Previous Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_ Do you ☐ Rent ☐ Own

Landlord Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## EMPLOYMENT INFORMATION - APPLICANT

Status (choose one): ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Student ☐ Unemployed

Employer: \_\_\_\_\_ Present Income: \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

If Student, List School Name: \_\_\_\_\_

## EMPLOYMENT INFORMATION - CO-APPLICANT

Status (choose one): ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Student ☐ Unemployed

Employer: \_\_\_\_\_ Present Income \$ \_\_\_\_\_ per \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Current Position: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone #: \_\_\_\_\_

If Student, List School Name: \_\_\_\_\_

## BANKING & CREDIT INFORMATION

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Checking Account #: \_\_\_\_\_ Savings Account #: \_\_\_\_\_

## ADDITIONAL INFORMATION

Have you ever:

Applicant

Co-Applicant

Filed for bankruptcy?

☐ Yes ☐ No

☐ Yes ☐ No

Been evicted from tenancy?

☐ Yes ☐ No

☐ Yes ☐ No

Willfully refused to pay rent when due?

☐ Yes ☐ No

☐ Yes ☐ No

Been convicted of a felony?

☐ Yes ☐ No

☐ Yes ☐ No

If you have answered yes to any of the above, please explain:

Do you have any pets? ☐ Yes ☐ No If so, what type? \_\_\_\_\_

## VEHICLE INFORMATION

Number of Vehicles: \_\_\_\_\_ Applicant Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Co-Applicant Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Car #1 Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

Car #2 Make/Model: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_ Tag #: \_\_\_\_\_

## EMERGENCY CONTACTS

These contacts CANNOT reside with you. In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

## ACKNOWLEDGMENT & AGREEMENT

I hereby apply to lease the above described premises for the terms set forth above and agree that the rent is to be payable on the first day of each month in advance. I warrant that all statements above are true, and if they change during the term of tenancy, I will immediately notify the management staff.

I hereby deposit the sum of \$\_\_\_\_\_ with this application as a holding deposit which will be refunded within 72 hours should the application be cancelled. The amount of \$\_\_\_\_\_ represents my application fee which is non-refundable. The holding deposit will be applied towards my security deposit. I understand that if my application is denied, this portion of the security deposit will be returned to me by ordinary mail. I understand that if my application is approved and accepted, I agree to move in within 30 days after being notified of acceptance and receiving confirmation that the apartment is vacant. If I do not move in, the deposit will be forfeited as liquidated damages including the cost of making the necessary investigation of my credit, character and reputation. By signing this application, I agree to the terms set forth above and waive any claim for damages by reason of non-acceptance. I hereby authorize the Doctors Building, LLC and its employees or agents to verify all the of the information in this application, including specifically to obtain employment information, references and credit reports or records and criminal (including sex offender) background records, if applicable. This inquiry includes, but is not limited to, information as to my character, general reputation, personal characteristics, income and mode of living. I also expressly authorize the Doctors Building LLC and its employees of agents (including a third party colleciton agency) to obtain updated references and reports at any time during the term of my tenancy and after defaulted payments or charges or for any other permissable purpose.

I further understand that the information contained in this application may be released to appropriate government entities, including law enforcement, as requested or required by law. I further understand that this application is being made a part of my Lease Agreement and that any false or fraudulent information contained in this application may be grounds for termination of my Lease and/or eviction from the premises.

Full Name of Applicant (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Full Name of Co-Applicant (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Co-Applicant Signature: \_\_\_\_\_

Doctors Building Representative: \_\_\_\_\_



## Pet Addendum to Lease Agreement

Resident: \_\_\_\_\_ Apartment #: \_\_\_\_\_

This pet addendum is attached to and made a part of the Lease Agreement between the Doctors Building (Landlord), and \_\_\_\_\_ (Resident).

Cats or dogs are allowed with prior approval up to 35 lbs. A maximum of 2 pets allowed per apartment home. Vaccination record is required prior to move-in.

A one-time pet deposit in the amount of \$200 per pet is required. This deposit is refundable upon move out, provided there is no damage to the premises.

A pet fee in the amount of \$35 for each pet is due monthly.

Dogs must be restrained on a leash and accompanied by a resident at all times. Dogs should be walked at least 20 feet from the entrance to the community. All waste must be picked up immediately as per code for the City of Covington.

Should your pet(s) be determined to be disturbing the peace, destructive, aggressive, or a nuisance, or in violation of this pet policy, you will first be notified in writing and given the opportunity to correct the problem. A second determination of violation or disturbance will result in notice to remove the pet from the premises within ten (10) days.

You shall be liable for the cost of damage done by your pet(s). We accept no responsibility for action or conduct of a pet.

Permission is granted for you to maintain a pet with the understanding that the pet agreement is a privilege, not a right. Any additional pet, even a visiting pet, should be registered with the leasing office. Failure to do so constitutes a breach of lease.

### PLEASE CHECK ONE BOX

**We agree that you may keep the following pets on the premises with the following conditions:**

Type(s): \_\_\_\_\_ Weight(s): \_\_\_\_\_

Color/Description(s): \_\_\_\_\_

☐ **We agree that you have no pets.**

**LESSEE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LESSOR**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Community Policies Addendum

We would like to thank you for choosing to call The Doctors Building your home. This addendum is incorporated into your Lease Contract and is in addition to all of the terms and conditions contained in the Lease. You have entered into a lease agreement acknowledging that you, your family, and guests will comply with all established policies outlined in your lease agreement and herein. We appreciate your compliance with these policies. The apartment homes at The Doctors Building were designed and intended for reasonable residential use and to comply with all applicable building codes at the time of construction. We have carefully developed these policies to ensure the happiness, safety, and satisfaction for those living at The Doctors Building, as well as, to provide organization and structure for the business operations. We will enforce these rules and regulations fairly to ensure your comfort and privacy, the rights of other residents and the community which plays an important part in creating an outstanding lifestyle for all residents.

### LEASING OFFICE HOURS OF OPERATION

The Leasing Office is located at 3005 Dixie Highway, Edgewood, KY. The Leasing Office is open during the following hours but are subject to change:

- Monday-Friday: 7:30 am-4:30 pm
- Saturday: By Appointment
- Sunday: Closed

### MAINTENANCE SERVICES

The Doctors Building provides you with on-call maintenance service between 8:00am and 4:30pm Monday through Friday with emergency service as needed. Please call our office 859-341-0050 to report any maintenance request. It is important to report any maintenance issues right away. We will be happy to assist you in addressing the issue as quickly as possible.

Please call Kim for **EMERGENCIES ONLY** at 859-620-9310. Emergency maintenance needs include anything that is causing or has the potential to cause damage or harm to you or the community. These needs may include but are not limited to: no hot water, no heat, water leak, no air conditioning in temperatures above 90 degrees or broken locks.

### LOCKOUT SERVICE

The fee charged for all lockout calls will be \$50.00. Only those residents on the lease and with proper ID will be allowed access into the apartments. Charge will be added to your monthly rent statement.

## **PARKING**

Residents are responsible for procuring their own parking spaces. The Doctors Building has negotiated special pricing for reserved parking spaces at the following garage: City Center Garage- corner of 7th & Scott Streets. Residents are free to utilize other parking arrangements as they so desire.

Residents agree that The Doctors Building and their affiliates are not responsible for:

1. Any loss, theft or damage to any article within their automobile,
2. Any loss or damage to their automobile or those of their guests,
3. Any loss or damage to any person whether guest or resident while utilizing any parking garage or structure.

## **SOLICITING**

No soliciting or handbill distribution or posting is permitted in the community. "No Soliciting" signs are posted and will be strictly enforced. Please contact the office if you encounter this problem. We want to protect your right to privacy.

## **NOISE**

Apartment living requires consideration for others, especially where noise is concerned. Since most noise problems are due to a lack of awareness of the problem, we suggest that a personal contact with the noisy resident will solve most situations. We ask that you advise the Management upon complaint, giving the apartment number of the offending resident and the circumstances surrounding the complaint. As a last resort and if after office hours, contact City Police Department for corrective action. Continued resident complaints with management's verification of the problem will result in warnings from management and eviction should the problem not be corrected.

## **PARTIES/SOCIAL GATHERINGS**

A party should not be an unpleasant experience for you, your neighbors or The Doctors Building staff. Please plan carefully when you invite your guests. You are responsible for actions and damages of guests, invited or uninvited, while they are on The Doctors Building's property. We ask that you follow these few rules when having social functions at your apartment:

1. Please maintain guests inside the confines of your apartment with the entrance door closed and advise your guests not to linger in the hallways, stairs, entryway, elevators or lobby.
2. Alcoholic beverages including cups and cans must be kept inside. We may bill you for hall and grounds cleanup as a result of a social function.
3. Restrict attendance to friends, not admitting people whom you do not know or cannot control. Please do not extend open or blanket invitations. Unexpected guests can have a total disregard for you or your continued residency at The Doctors Building, yet you are held responsible for their behavior.
4. If you have a function and feel you no longer have control of your guests, please contact the City Police Department for assistance.



## **ENTRY/EXIT HALLS**

According to fire regulations the entry and exit halls must be clear at all times to provide a safe passage for all residents and guests. Do not block these areas at any time.

## **SATELLITE DISHES**

Satellite dishes are not conducive to The Doctors Building's construction design, thus they are not permitted. Arrangements have been made to provide for cable and internet services.

## **SIGNS/NOTICES**

Residents may not place any signs or other advertising matter upon or in windows, hallways, doors, mailboxes, or outside the building (this includes political signs and other advertisements). A bulletin board has been placed in the mail room for this purpose.

## **TRASH AND RECYCLING REMOVAL**

A trash and recycling room are located on the first floor of the building. They are clearly marked "rubbish" and "recycling" so that trash and recycling will be kept separate. Residents should bag and seal all trash and discard these in the trash room. Open food containers, raw food items, and any other type of food materials should never be thrown into the trash containers without being bagged up first. For disposal of cat litter, please be sure to double bag before disposing. Resident trash left in hallways, stairwells, storage areas, or otherwise improperly disposed of will result in a fine to the resident if removed by our staff.

## **STORAGE**

Each unit will have an approximate 100 SF storage unit in the basement of the Doctors Building. Lessee shall furnish its own lock for these units. Lessor is not responsible for lost, stolen or damaged items that are held in storage areas.

## **HEATING AND COOLING YOUR APARTMENT**

During the heating season, set your thermostat to HEAT. During the air conditioning season, set your thermostat to COOL. While operating your heating/cooling unit, do not leave your windows and/or doors open. This will cause excessive wear and tear, as well as, significantly increase the cost of utilities for your apartment home. Do not turn your heat off if you are away during the winter months due to the risk of your pipes bursting and causing excessive damage to the building and to your personal belongings. While away, maintain your thermostat at 60 degrees or above.

## **KITCHEN**

Only such room in the leased premises as is so designated by Lessor shall be used as a kitchen or cooking room. No other interior room is to be used for cooking purposes.

## **CARPET AND FLOORING CARE**

Please care for the carpeting and laminate hardwood flooring as if it were your own. Residents are to keep all flooring in good condition by regular vacuuming and dusting. It is best to protect the laminate hardwood flooring by putting protectors on all furniture to prevent scratching. Any damage beyond normal wear and tear to flooring may constitute a charge against the security deposit. Please see provided "Hardwood Flooring Maintenance Tips" for flooring care and proper cleaning.

## **ELECTRICAL FIXTURES**

Each apartment is equipped with a circuit breaker in case of power overload. If you lose the electricity in your apartment, check to see if the circuit breakers are all in the “on” position. Wait approximately 5 minutes before you reset the breaker (turn “off” then “on”). In case of a general POWER FAILURE, please report difficulties to Duke Energy (513-421-9500).

Light bulbs will be supplied in existing fixtures upon initial occupancy but replacement bulbs are the residents’ responsibility.

## **PLUMBING FIXTURES**

All plumbing fixtures should be used only for the purpose intended. Therefore, no solid articles, disposable diapers, rags, rubbish, or feminine hygiene products should be placed in them. All such waste should be placed in trash containers.

## **PEST CONTROL**

The Doctors Building will conduct regular pest control treatments within the general building in order to prevent pest problems in the building. Please contact the Leasing Office if you feel your apartment has a pest issue and we will schedule an individual extermination visit.

## **FILTER CHANGES**

The maintenance staff will periodically change the filters in the heating and air conditioning systems based upon the manufacturer’s recommendation. A schedule of this operation will be distributed throughout the community in advance. Any articles or furniture that might interfere with the maintenance staff’s effort to do the job must be moved.

While changing the filters, the maintenance staff will conduct a courtesy maintenance check of your apartment and identify any preventative maintenance work that may be necessary. Such work includes checking for dripping faucets, improperly flushing commodes, and the general condition of the apartment. Work orders will be written and a maintenance person will return at a later day to repair the noted items unless emergency items. As a reminder, please report any maintenance issues as soon as they are identified.

## **SMOKE DETECTORS**

The smoke detector alarms are installed to provide early warning against lethal smoke. If you experience any problems with your smoke detector, please call the Leasing Office during or after business hours at 859-341-0050. The smoke detector provided is an electric unit with a battery back-up in case of electric loss. The residents are responsible to maintain your smoke detector and the battery. The smoke detector will be in operation at the time of move-in; thereafter, it is the residents’ responsibility to notify the Leasing Office if the detector light goes out or if the detector appears to have problems. This is for you and your neighbors’ protection in the unlikely event of a fire.

Do not disconnect your smoke detector! Since Kentucky law requires that the detectors be in operation at all times, the resident could be held liable for unhooking or tampering with this fixture. May we suggest you help us in maintaining the smoke detector for everyone’s safety. Your cooperation is appreciated.

By signing these rules and regulations, you agree to these terms and conditions and will abide by them.

**LESSEE**

Full Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**LESSEE**

Full Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**LESSOR (AGENT FOR DOCTORS BUILDING)**

Full Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_